

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

APPLICANT(S) **0611308 07/02/03**

CLAIMS																											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT																						
	IND	DEP	IND	DEP	IND	DEP																					
1																											
2																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											
10																											
11																											
12																											
13																											
14																											
15																											
16																											
17																											
18																											
19																											
20																											
21																											
22																											
23																											
24																											
25																											
26																											
27																											
28																											
29																											
30																											
31																											
32																											
33																											
34																											
35																											
36																											
37																											
38																											
39																											
40																											
41																											
42																											
43																											
44																											
45																											
46																											
47																											
48																											
49																											
50																											
<table border="0"> <tr> <td>TOTAL IND.</td> <td>3</td> <td></td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL DEP.</td> <td>18</td> <td></td> <td>17</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL CLAIMS</td> <td>21</td> <td></td> <td>19</td> <td></td> <td></td> <td></td> </tr> </table>							TOTAL IND.	3		2				TOTAL DEP.	18		17				TOTAL CLAIMS	21		19			
TOTAL IND.	3		2																								
TOTAL DEP.	18		17																								
TOTAL CLAIMS	21		19																								

	IND	DEP	IND	DEP	IND	DEP																	
51																							
52																							
53																							
54																							
55																							
56																							
57																							
58																							
59																							
60																							
61																							
62																							
63																							
64																							
65																							
66																							
67																							
68																							
69																							
70																							
71																							
72																							
73																							
74																							
75																							
76																							
77																							
78																							
79																							
80																							
81																							
82																							
83																							
84																							
85																							
86																							
87																							
88																							
89																							
90																							
91																							
92																							
93																							
94																							
95																							
96																							
97																							
98																							
99																							
100																							
<table border="0"> <tr> <td>TOTAL IND.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL DEP.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL CLAIMS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TOTAL IND.						TOTAL DEP.						TOTAL CLAIMS					
TOTAL IND.																							
TOTAL DEP.																							
TOTAL CLAIMS																							